Missouri Department of Revenue Employee's Substitute Wage and Tax Statement

| | Name | | | | Social Security Number | | | | | |
|---------------------------|--|------------------------|---------------|--------------------------|------------------------|-------------|----------------|-----------|---|--|
| Employee Information | | | | | | | | | | |
| | Address | C | ity | | State | | Zip Code | | | |
| | E-mail Address | | | | | | | | | |
| | | | | | | | | | | |
| <u></u> | I have been unable to obtain a Form W. 2 from my ampleyer, named below, and have an natified the Misseum Denoting of | | | | | | | | | |
| Affidavit of Need | I have been unable to obtain a Form W-2 from my employer, named below, and have so notified the Missouri Department of Revenue, Taxation Division. The amounts shown below are my best estimates of the gross wages paid to me and the federal | | | | | | | | | |
| Hida Ne | income tax withheld, Missouri state income tax withheld and F.I.C.A. employee tax withheld by this employer during the tax year 20 | | | | | | | | | |
| 4 | you 20 | | | | | | | | | |
| Employer's Information | Business Name | | | Owner N | | | me | | | |
| | Address | | City | City | | State | | Zip Code | | |
| | | | | | | | | | | |
| ᇤ | Gross Wages | Federal Tax Withheld | | Missouri State Income Ta | x Withheld | F.I.C.A | . Employee Ta | x Withhel | d | |
| | | | | | | | | | | |
| | Please indicate the reason Form W-2 was not obtained from this employer. Provide an explanation of how you arrived at the | | | | | | | | | |
| | estimated figures and attach copies of check stubs or other documentation pertinent to this calculation. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ved | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ecei | | | | | | | | | | |
| St R | | | | | | | | | | |
| Reason W-2 Not Received | | | | | | | | | | |
| × × | | | | | | | | | | |
| son | | | | | | | | | | |
| Rea | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Ø | Under penalties of porium. I deal | lare that the chous in | oformation of | and any attached our | nlement is | true o | ompleto on | d corre | ct | |
| atur | Under penalties of perjury, I declare that the above informati | | | лы ану анаспеч sup | | | | | υι. ———————————————————————————————————— | |
| Signature | Signature of Employee | Print Nam | ne | | Date (N | IM/DD/ / | Y Y Y Y) / | | | |
| <i>(</i>) | 1 | | | | 1 | / | / | | ļ | |

Attach your completed Form 548 to your Missouri Income Tax Return.

Form 548 (Revised 05-2014)

Taxation Division P.O. Box 500 Jefferson City, MO 65105-0500 Phone: (573) 751-3505 Fax: (573) 751-2195 E-mail: <u>income@dor.mo.gov</u>

Visit http://dor.mo.gov/ for additional information.

